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Bib Data Sheet

CONFIRMATION NO. 9432

<b>SERIAL NUMBER</b> 09/166,701	<b>FILING OR 371(c) DATE</b> 10/05/1998 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1628	<b>ATTORNEY DOCKET NO.</b> SMI-005.01
<b>APPLICANTS</b> ISA ODIDI, MISSISSAUGA, CANADA; AMINA ODIDI, MISSISSAUGA, CANADA;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 33 <b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 25181				
<b>TITLE</b> CONTROLLED RELEASE PHARMACEUTICAL DELIVERY DEVICE AND PROCESS FOR PREPARATION THEREOF				
<b>FILING FEE RECEIVED</b> 861	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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12/30/10